

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155383		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/30/2014	
NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN 46231			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F000000	<p>This visit was for Recertification and State Licensure survey.</p> <p>Survey dates: June 24-27, 30, 2014 Facility Number: 000393 Provider Number: 155383 AIM Number: 100289340</p> <p>Survey Team: Laura Brashear, RN, TC (June 25-27, 30, 2014) Mary Weyls, RN (June 24-27, 2014) Lori Brettnacher, RN (June 30, 2014) Kewanna Gordon, RN (June 24-26, 30, 2014) Megan Burgess, RN (June 25-27, 30, 2014) Vickie Nearhoof, RN (June 24-27, 30, 2014) Ashley Barnett, RN (June 30, 2014)</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 9 Medicaid: 53 Other: 25 Total: 87</p>		F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review or Post Survey Review on or after 07/30/14. Washington Healthcare Center respectfully requests a paper IDR of F323 as the facility disagrees with the scope and severity of this tag.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000323 SS=E	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed 7/6/14 by Brenda Marshall, RN.</p> <p>Quality review completed July 6, 2014 by Brenda Marshall, RN.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation and interview the facility failed to ensure suction machines would be operable in the event of a power outage for 2 of 3 suction machines in use.</p> <p>Findings include:</p> <p>On 6/24/14 during observation of meal service which began at 12:00 p.m., LPN (Licensed Practical Nurse) #5 was asked to point out the suction machine in the East Dining Room. The suction machine was a portable machine with a short cord located on top of a wheeled cart. When</p>		F000323	<p>Washington Healthcare Center respectfully requests a paper IDR of F323 as the facility disagrees with the scope and severity of this tag. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Inservice nursing staff on suction machine use and location of emergency outlets by 7/30/14 by DNS/designee. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? All residents have the potential to be</p>		07/30/2014	

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	<p>asked what she would do if a resident was having difficulty and needed to be suctioned LPN # 5 indicated she would push the cart to the resident's location and proceed to suction them. LPN #5 attempted to demonstrate the scenario by plugging the machine into the outlet on the south wall of the dining room. During the demonstration the LPN indicated she would not be able to reach the resident sitting across the table. LPN #5 indicated she would use an extension cord in order to facilitate assisting a choking resident. LPN #5 indicated the extension cord was stored in the locked medication (med) room in the nurses' station. LPN #9 used her key to enter the med room where she indicated the extension cord was located in a storage bin that was stacked under another storage bin which had several purses, drinks, and a bag of food from a fast food chain on top of it. She removed all of the items in order to retrieve the extension cords from the bin.</p> <p>On 6/24/14 at 1:11 p.m., LPN #6 was asked to point out the suction machine in the West Dining Room. The cart contained the same type of suction machine that was found in the East Dining Room. LPN #6 indicated she would need an extension cord to reach the emergency outlets located in the hallway. She indicated the extension</p>		<p>affected by this alleged deficient practice. Inservice nursing staff on suction machine use and location of emergency power sources by 7/30/14 by DNS/designee. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur Staff will be educated on suction machine use and emergency outlets by 7/30/2014 by DNS/designee. Skills validation will be completed by licensed nursing staff by 7/30/14. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place To ensure compliance, the DNS/Designee is responsible for the completion of the CQI tool weekly times 4 weeks and monthly for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>				

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	<p>cord was not located on the cart with the suction machine, but was kept in the locked med room at the end of the hallway. LPN #6 unlocked and entered the door to the med room. She indicated that the bin utilized for storage of the extension cords was not in the med room as she had originally indicated.</p> <p>During an interview on 6/24/14 at 12:50 p.m., LPN #5, indicated she would need to have easy access to an extension cord in order to reach the emergency outlets located in the 300 hall in case of a power outage. She further indicated, the cart with the suction machine would be a better location to store the extension cords.</p> <p>On 6/30/14 at 3:20 p.m., the MDS (Minimum Data Set) coordinator provided a list of 2 residents identified with swallowing difficulties and an order for pleasure foods who utilized the West Dining Room.</p> <p>On 6/30/14 at 2:16 p.m. an applicable policy and procedure was requested from the Facility Administrator, however she was not able to provide one.</p> <p>3.1-45(a)(2)</p>						

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure prepared foods were properly labeled for 1 of 2 kitchen observations and failed to ensure proper hand sanitation for 1 of 2 kitchen observations. This practice had the potential to affect 83 of 87 residents who were served food from the kitchen.</p> <p>Findings include:</p> <p>During observation of the facility's cold food storage on 6/24/14 at 10:15 a.m., uncovered, prepared lunch desserts were observed on a rolling rack without labels, preparation, or expiration dates. The Dietary Manager was present for this observation.</p> <p>During observation of the kitchen on 6/24/14 at 11:57 a.m. the Dietary Manager performed temperature checks of food for lunch. After the vegetable temperature was completed, the Dietary</p>	F000371	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Dietary Manager to be re-educated by Registered Dietician (RD) on proper hand washing and hand sanitation by 7/30/14. Desserts will be properly covered, labeled and dated per policy. Dietary staff to be re-educated on proper storage of food by Registered Dietician by 7/30/14. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?All residents have the potential to be affected by the alleged deficient practice. Dietary Manager to be re-educated by Registered Dietician on proper hand washing and proper hand sanitation by 7/30/14 by RD. Dietary staff to be educated on Dietary Personal Hygiene by RD by 7/30/14. Dietary staff to be educated on proper storage of food by RD by 7/30/14. What</p>		07/30/2014		

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	<p>Manager picked up a fallen alcohol pad from the floor and disposed of the garbage by opening the trash can lid with her bare hand. She then proceeded to perform a temperature check on the dessert.</p> <p>During an interview on 6/30/14 at 8:55 a.m., the Dietary Manager indicated dietary staff should have hand washed for 20 seconds after disposing of garbage. During this same interview, she indicated that all foods prepared for meals in advance should have been covered and labeled when stored in the walk-in refrigerator before meal time.</p> <p>The " Food Storage " policy, dated 7/2013, was provided by the Administrator on 6/30/2014 at 9:24 a.m. This current policy indicated, "...POLICY: ...Food is stored, prepared and transported at an appropriate temperature and by methods designed to prevent contamination...PROCEDURE...14. Leftover prepared foods are to be stored in covered containers or wrapped securely. The food must clearly be labeled with the name of the product, the date it was prepared and marked to indicate the date by which the food shall be consumed or discarded...."</p>			<p>measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur Dietary manager/designee will conduct rounds during each meal to ensure food is properly dated, labeled and covered and Dietary manager/designee will observe that appropriate hand sanitation and hand washing occurs as needed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place To ensure compliance, the Dietary Manager/designee is responsible for the completion of the Food Storage CQI tool weekly times 4 weeks, and monthly for 6 months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. To ensure compliance, the Dietary Manager/designee is responsible for the completion of the Handwashing CQI tool weekly times 4 weeks, and monthly for 6 months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Dietary Manager will be re-educated by RD by 7/30/14 on proper hand washing and hand sanitation.</p>			

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	<p>The " Dietary Personal Hygiene " policy dated 02/2007 was provided by the Administrator on 6/30/2014 at 9:24 a.m. This current policy indicated, "...POLICY: Employees will maintain good personal hygiene to prevent food contamination ...</p> <p>PROCEDURE...1. Proper handwashing is the most critical aspect of personal hygiene. Dietary employees must wash their hands before they start work and after...k. Touching anything else that may contaminate hands, such as unsanitized equipment...."</p> <p>3.1- 21(i)(2) 3.1- 21(i)(3)</p>				<p>Dietary Staff will be re-educated by RD by 7/30/14 on proper food storage and handwashing and hand sanitation.</p>		